

CITY OF CABOT-CABOT, ARKANSAS

101 N. Second St. P.O. Box 1113, Cabot, Arkansas 72023

Phone: (501) 843-3566 Fax: (501) 605-0424

Privilege Tax Information
Business License Application

(PLEASE PRINT OR TYPE)

Brokers _____ Agents _____ (For Real Estate Offices)

Date: _____

Business Name: _____

Location of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Name of Owner(s): _____

Owners Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Cell Phone _____

Type of Business (Services offered or products sold): _____

Contact Person Name: _____ Phone: _____

Number of Employees: _____ If trucking, taxi, or fleet service, number of vehicles: _____

Do you have a business license in another city? Yes _____ No _____

If yes, in what city? _____

I hereby certify the above to be true and correct and state that I am operating a business in accordance with the city zoning regulations and/or any other city, state, or federal laws which may be applicable. I understand that if I am found to be in violation of any of the city zoning regulations and/or any other city laws, I may be subject to fines as outlined in any applicable City of Cabot ordinance.

Owner

City Clerk/Treasurer